C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

January 2, 2008

Dallas Clinger, Administrator Harms Memorial Hospital P.O. Box 420 American Falls, ID 83211

RE:

Harms Memorial Hospital, provider #131304

Dear Mr. Clinger:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Harms Memorial Hospital, on December 18, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

Dallas Clinger, Administrator January 2, 2008 Page 2 of 2

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.

6. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **January 15, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

Enclosures

Printed: 12/28/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 131304 12/18/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 000 INITIAL COMMENTS K 000 The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The RECEIVED floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and FEB (1 1 2008 poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured FACILITY STANDARDS concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CED ADMINISTRATOR

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING ___ 131304 12/18/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HARMS MEMORIAL HOSPITAL

510 ROOSEVELT STREET

AMERICAN FALLS, ID 83211							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K 000	Continued From page 1 lighting are provided by a diesel powered automatic on-site automatic generator. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on December 18, 2007. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR, 485.623 The Survey was conducted by: Taylor Barkley, Health Facility Surveyor Fire/Life Safety	K 000					
	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		MBER: A BUILDING 01		NG 01	(X3) DATE SURVEY COMPLETED 12/18/2007	
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(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
K 018	This Standard is not a Based on observation was determined that there was no incorridor doors and means suitable for following conditions the spread of smokegress corridor, and lessening the ability. The findings includes 1. During the tour of 2007 at 9:50 AM, of linen room revealed prevented from being chairs and walkers was observed by the maintenance super 2. During the tour of 2007 at 9:53 AM, of sterilizer room revealing latching hardward other means provided.	ot met as evidenced ions during the facility at the facility failed to appediment to the clost that they are provided keeping the doors clost during a fire would a se and fire gasses into do can accelerate fire of for fire containment ed: If the facility on December of the door was being able to close by a piled up in the doorwe surveyor and the visor. If the facility on December of the facility on December of the doorwe surveyor and the visor. If the facility on December of the door did are installed, and there are to keep the door could by the surveyor and	by: y tour it ensure sing of d a bsed. The accelerate b the growth by mber 18, r to the eing stack of ay. This mber 18, r to the eing stack of ay. This	1. The Maintenance Staforganize the room and reall unnecessary equipments supplies. After the room been reorganized, the Care Staff will ensure the door is kept clear and frobstacles or anything else prevents the door from classical control of the door will have a knob with key and postaching mechanism installed.	emove nt or n has Acute at the nee of e that osing. 1/29/08 door ositive	
!		FETY CODE STAND of at least 1½ hour di nce with 7.9. 19.2.	uration is	K 046		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	i i	(X3) DATE SURVEY COMPLETED 12/18/2007	
HARMS MEMORIAL HOSPITAL 510 I			510 RC	ADDRESS, CITY, STATE, ZIP CODE ROOSEVELT STREET RICAN FALLS, ID 83211			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA		CEEDED BY FULL PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFILE OF CORRECTION CROSS-REFERENCED TO THE APPROPROFILE OF CROSS-REFERENC	D BE COMPLETION	
K 046	Continued From page 3			K 046			
	This Standard is not met as evidenced by: Based on observations, it was determined the facility had not ensured that emergency generator room had backup emergency lighting. In the event of power and generator failure this would leave the room in darkness. Findings include: During the tour of the facility on December 18, 2007 at 9:45 AM, observation of the generator room revealed that there was no emergency lighting unit provided. This was observed by the surveyor and the maintenance supervisor. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure electrical wiring and			K 147	The Generator room will lan emergency light installed illuminate the generator and controls in the event of a postage.	d to d all	
	can cause overheating result in the starting Findings included: 1. During the facility at 9:53 AM, observations on the power strip being po	onal Electrical Code. 9.1.2 These deficiencies cause overheating of electrical wires and alt in the starting of a fire. lings included: uring the facility tour on December 18, 2007 53 AM, observation of the Lab revealed a er strip being powered by an extension cord. was observed by the surveyor and the			1. The equipment in the lab be arranged so that extension cord is removed powered by an approved po strip with a built in breaker	the and ower	

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(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING 131304 12/18/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 510 ROOSEVELT STREET HARMS MEMORIAL HOSPITAL AMERICAN FALLS, ID 83211 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 147 K 147 Continued From page 4 maintenance supervisor. Equipment The will 2. During the facility tour on December 18, 2007 at 9:55 AM, observation of the nurses station rearranged to prevent all the revealed a multiuple electrical adapter in use. equipment from coming off the This was observed by the surveyor and the maintenance supervisor. electrical circuit. one remaining equipment will placed on a surge protector and K 155 NFPA 101 LIFE SAFETY CODE STANDARD not a multi use plug. 1/29/08 Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period. the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This Standard is not met as evidenced by: Based on record review and staff interview it was determined that the facility did not have a Fire Watch policy available for implementation in the event of a fire alarm system failure. A Fire Watch policy provides for the safety of staff and patients by constantly monitoring the facility for any signs Fire Watch policy of a fire or other emergency. procedure will be developed and The findings included: implemented the by During record review on December 18, 2007 at Maintenance Manager and 10:20 AM, no Fire Watch policy could be found. submitted to the Hospital Staff stated that they did not have a Fire Watch Board on Monday January 21, policy for the facility. 08 for approval and adoption. 1/29/08

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HARMS MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211					
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 B. WING 131304 12/18/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HARMS MEMORIAL HOSPITAL 510 ROOSEVELT STREET AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion: two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system. with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered automatic on site automatic generator. CTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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28 JAN 08

If continuation sheet 1 of 3

Bureau of Facility Standards

PRINTED: 12/28/2007 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING 131304 12/18/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 510 ROOSEVELT STREET HARMS MEMORIAL HOSPITAL AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) /EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) B 000 Continued From Page 1 B 000 The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on December 18, 2007. The facility was surveyed under the LIFE SAFETY. CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction BB161 16.03.14.510 Fire and Life Safety Standards BB161 Buildings on the premises used as a hospital Refer to K018 on the Federal shall meet all the requirements of local, state, and national codes concerning fire and life safety CMS 2567 form for the plan of that are applicable to hospitals. correction. General Requirements. General requirements for the fire and life safety standards for a hospital are that: Refer to KO46 on the Federal The hospital shall be structurally sound and shall be maintained and equipped to assure the safety CMS 2567 form for the plan of of patients, employees, and the public. correction. I On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect Refer to K155 on the Federal patients, employees, and the public. This Rule is not met as evidenced by: CMS 2567 form for the plan of Refer to the following Federal tags on CMS correction 2567: 1. K018 Corridor doors, impediment to closing Refer to K147 on the Federal and latching. CMS 2567 form for the plan of K046 Emergency lighting for generator room. correction K155 Fire Watch policy

PRINTED: 12/28/2007

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING 131304 12/18/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **510 ROOSEVELT STREET** HARMS MEMORIAL HOSPITAL AMERICAN FALLS, ID 83211 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From Page 2 BB161 BB161 4. K147 Electrical wiring in accordance with **NFPA 70.** Refer to K018 on the Federal CMS 2567 form for the plan of correction. Refer to KO46 on the Federal CMS 2567 form for the plan of correction. Refer to K155 on the Federal CMS 2567 form for the plan of correction.

correction

Refer to K147 on the Federal CMS 2567 form for the plan of